FORM D

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

144	3456

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31,2008
Estimated average burden
hours per response.....16.00

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SEC US	SE ONLY
Prefix	Serial
	}
DATE R	ECEIVED
- 1	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Arcalux Corporation Offering of Series A Convertible Preferred Stock	869
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	Section ULOE Mail Programme
A. BASIC IDENTIFICATION DATA	1AUR 1 R 90HH
I. Enter the information requested about the issuer	NOO 1 5 2 -
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Arcalux Corporation	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) 6303 Alder Drive, Houston, Texas, 77081	Telephone Number (Including Area Code) 713-218-8999
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Arcalux Corporation designs and sells fluorescent lighting systems.	
Type of Business Organization corporation	lease spe 08055773
Month Year Actual or Estimated Date of Incorporation or Organization: OI7 915 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated PROCESSED
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	THOMSON RELITERS or Section 4(6), 17 CFR 230.56 Reseq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for st ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex	

		A. BASIC IDI	ENTIFICATION DATA	<u> </u>	
2. Enter the information re	quested for the fol	llowing:			
Each promoter of t	he issuer, if the iss	suer has been organized w	ithin the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of a	a class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and man	naging partners of p	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i John Goodman, Jr. 1991				```	
Business or Residence Addre 109 North Post Oak Lane	•		ode)		
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Harriet Elizabeth Goodm	an 1991 Trust				
Business or Residence Addre 09 North Post Oak Lane	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Airguide Properties, LLC	f individual)				
Business or Residence Addre 795 West 20th Street, Hia	-	Street, City, State, Zip Co 3010	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Welker, Mark	f individual)				
Business or Residence Addre 6303 Alder Drive, Housto			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i White, Kenneth	f individual)				
Business or Residence Addre 6303 Alder Drive, Housto	•	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Scruggs, Richard	f individual)				
Business or Residence Addre 6303 Alder Drive, Housto	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Lehmann, Nolan					
Business or Residence Addre 6303 Alder Drive, Housto	•	Street, City, State, Zip Co	ode)		
	(Use blai	nk sheet, or copy and use	additional copies of this sl	heet, as necessary)	

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	quested for the fol	lowing:			
 Each promoter of t 	he issuer, if the iss	uer has been organized w	rithin the past five years;		
 Each beneficial own 	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
 Each general and n 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Marty, Doug	f individual)				
Business or Residence Addre 6303 Alder Drive, Housto			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		 		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				· · · · · · · · · · · · · · · · · · ·
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			,	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use blas	nk sheet, or copy and use	additional copies of this sl	neet, as necessary)	

				. ×	B. 11	YFORMATI	ON ABOU	T OFFERI	NG .	•			
1	Uac the	icense col	d or does th	a icenae i	tend to se	ll to non a	coredited i	nvestors in	thic offee	nas		Yes	No
1,	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										3		
2.	What is	the minim	ium investn					_				\$_20,6	000.70
												Yes	No No
3.			permit join										
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	l Name (I DNE	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (N	lumber and	Street, C	ity, State, Z	Cip Code)			<u></u>			
Na	me of Ass	ociated B	roker or De	aler									
Sta			Listed Ha							, , , , , , , , , , , , , , , , , , , ,			
	(Check	"All State:	s" or check	indívidual	States)		***************************************					☐ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if ind	ividual)								•	
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		•			·	
Na	me of Ass	sociated B	roker or De	aler						<u> </u>		·····	
Sta	ites in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		-,		· · · · · · · · · · · · · · · · · · ·		
	(Check	"All State:	s" or check	indiviđual	States)	***************************************		***************************************	••••••			☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	il Name (I	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	sociated B	roker or De	aler	<u></u>		,			.			
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<u> </u>		<u> </u>	
	(Check	"All State:	s" or check	individual	States)	***************************************	<i></i>	***************************************				☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	D. Li	_	0.00
	Debt		· ·
	Equity	1,000,000.00	\$ 1,000,000.00
	☐ Common ☐ Preferred	. 0.00	0.00
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$ 0.00
	Other (Specify)	4.000.000.00	\$_0.00
	Total	1,000,000.00	\$_1,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	s 1,000,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	_	\$ 50,000.00
	Accounting Fees	نبيقا	0.000.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total	_	52 200 00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gro proceeds to the issuer."	5S	\$946,800.00
	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate at check the box to the left of the estimate. The total of the payments listed must equal the adjusted groproceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🔲 \$. 🗆 \$
	Purchase of real estate	🗆 \$. 🗆 S
	Purchase, rental or leasing and installation of machinery	-	
	and equipment		_
	Construction or leasing of plant buildings and facilities	[_] 3	. 🗀 •———-
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)		_
	Repayment of indebtedness		
	Working capital	🗌 S	\$ 250,000.0
	Other (specify): Sales and marketing activities	- 🗆 s	\$ 378,800.00
		🔲 \$. 🗆 \$
	Column Totals	🗆 \$ <u>0.00</u>	2 \$ 946,800.00
	Total Payments Listed (column totals added)	🛮 🗷 s_9-	46,800.00
'n	D. FEDERAL SIGNATURE	ATTEMATOR MA	The There is
signa	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this not ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commonformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) or	nission, upon writte	•
โรรบด	er (Print or Type) Signature	Date	
		1 4	
Arca	alux Corporation	August 11, 2008	5
	alux Corporation Title of Signer (Print or Type) Title of Signer (Print or Type)	August 11, 2008	

- ATTENTION -

,,,		E STATE SIGNATURE	为15000000000000000000000000000000000000
1.		presently subject to any of the disqualificati	
	So	ce Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi	o furnish to any state administrator of any stati ired by state law.	e in which this notice is filed a notice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrators, upon v	written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that m state in which this notice is filed and unders ishing that these conditions have been satisfi	tands that the issuer claiming the availability
	uer has read this notification and knows the con thorized person.	ntents to be true and has duly caused this notic	e to be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
Arcalux	Corporation	The second	August 11, 2008
Name (Print or Type)	Title (Print or Type)	

President

Instruction:

Kenneth W. White

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	*	-		AP	PENDIX	1 4				
1	Intend to non-a investor	I to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount put	investor and rchased in State C-Item 2)		under Sta (if yes, explana	ification ite ULOE attach ition of granted)	
State	Yes	No		Number of Accredited Investors	Number of Number of Accredited Non-Accredited					
AL										
AK										
AZ										
AR										
CA						<u> </u>				
со							-			
СТ										
DE										
DC										
FL		×	Equity \$200,000	1	\$200,000.00	0	\$0.00		×	
GA										
ні										
ID							l			
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN			_							
MS										

Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No Number of Accredited Investors Non-Accredited Investors Non-Accr				. :	APP	ENDIX				
State Yes No		Intend to non-a investor	I to sell ccredited s in State	Type of security and aggregate offering price offered in state		amount pur	investor and rchased in State		5 Disqualification under State ULOI (if yes, attach explanation of waiver granted) (Part E-Item 1)	
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No
NE	МО									
NV	МТ									
NH	NE									
NI	NV									
NM	NH									
NY	NJ									
NC	NM									
ND	NY						_			9 E
OH	NC									
OK	ND									
OR	ОН						_			
PA	ок									
RI	OR									
SC	PA									
SD	RI									
TN	SC									
TX	SD									
UT	TN								*****	
VT	TX		×	Equity \$800,000	3	\$800,000.00	0	\$0.00		×
VA CONTRACTOR OF THE CONTRACTO	UΤ									
WA CONTRACTOR OF THE PROPERTY	VT									
	VA									
wv	WA									
	wv									
wi	WI									

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1		2 I to sell ccredited	3 Type of security and aggregate offering price		4 Type of investor and					
	investor	s in State	offered in state (Part C-Item 1)	amount purchased in State (Part C-Item 2)				explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR										

